

**BOARD OF PSYCHOLOGY**

1625 North Market Blvd., Ste N-215
 Sacramento, CA 95834
 (916) 574-7720
 www.psychboard.ca.gov



APPLICATION FOR REGISTRATION AS A PSYCHOLOGIST

(Please type or print clearly)

SECTION I. (Personal Data)

 Last First Middle Initial Jr., Sr., I, II

ALIASES – Please list all other names by which you have been known. (If more than two, use an additional sheet of paper.)

 Last First Middle Initial Jr., Sr., I, II

 Last First Middle Initial Jr., Sr., I, II

RESIDENCE ADDRESS – (This address will be used for all correspondence throughout the application process.)

 Number and Street

 City State Zip Code

 Email Address

 Message/Day Phone Number

 Residence Phone Number

 Social Security No.¹

 Date of Birth

☐ ☐ Are you now, or have you ever been, registered as a psychological assistant in California?
 Yes No If yes, give name(s) of supervisor(s) and dates of registration below.

☐ ☐ Are you now, or have you ever been, a registered psychologist in California?
 Yes No If yes, list the employing agencies and dates of registration below.

☐ ☐ Have you ever submitted an application for licensure as a psychologist in California?
 Yes No If yes, list the date of the application and action taken by the board below.

¹Disclosure of your social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

SECTION II. APPLICATION BASIS *(Check one response only)*

☐

A doctorate degree in psychology, education psychology, or in education with a field of specialization in counseling psychology or educational psychology from an accredited or approved educational institution.

☐

A doctoral degree that has been granted by a foreign university, college, or professional school.

SECTION III. EDUCATIONAL DATA

MASTER'S DEGREE

Granting Institution _____

Dates Attended _____

Major Field of Degree _____

Degree Awarded _____ Date Awarded / Met Requirements _____

DOCTORAL DEGREE

Granting Institution _____

Dates Attended _____

Major Field of Degree _____

Degree Awarded _____ Date Awarded / Met Requirements _____

SECTION IV. SUPERVISED PROFESSIONAL EXPERIENCE

List below the names of every **primary** supervisor who you are asking to verify a portion of the required 1,500 hours of supervised professional experience:

_____	_____
_____	_____
_____	_____

SECTION V. EMPLOYING AGENCY

AGENCY NAME _____

AGENCY ADDRESS – (*This address will be used for all correspondence throughout the application process.*)

Number and Street

City

State

Zip Code

Telephone Number

FAX Number

Email Address

DIRECTOR OR CHIEF OFFICER OF AGENCY

Last

First

Middle Initial

Jr., Sr., I, II

Title

FUNDING OF AGENCY

List all sources of financial support to the agency named above and percentage of total support. Business and Professions Code section 2909(d) requires that a non-profit community agency receive a minimum of 25% of its financial support from any federal, state, county or municipal government organization for the purpose of training and providing services. Medi-Cal/Medicare funds cannot be considered as part of the required 25% government funding.

Name of Source

Percentage

_____	_____
_____	_____
_____	_____
_____	_____

Declaration - I, the undersigned, declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature of Agency Representative

Title

Date signed

SECTION VI. FITNESS FOR PRACTICE

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? <i>If yes, explain on a separate sheet of paper.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? <i>If yes, please explain on a separate sheet of paper.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist? <i>If yes, please explain on a separate sheet of paper.</i>

SECTION VII. CONVICTION / LICENSE DISCIPLINARY ACTION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Omitting minor traffic violations, have you ever been convicted of, or pled guilty or nolo contendere to any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes All misdemeanor and felony convictions. (Any conviction that was subsequently dismissed pursuant to Penal Code section 1203.4 must also be disclosed.) <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been denied a license, registration, certificate or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had a license, registration, certificate or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you required to register as a sex offender pursuant to Section 290 of the Penal Code? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>

NOTICE TO APPLICANT

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

SECTION VIII. STATEMENT OF APPLICANT

I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the State of California, that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a registration.

Signature of Applicant

Date